

MONROE COUNTY DEPARTMENT OF PLANNING AND DEVELOPMENT

DEVELOPMENT REFERRAL FORM

Referral form 5 copies of p of text amend If there is a v All informati agricultural c Airport Refer	n completed in full lan sets folded to 8 dment or new loca vetland or protecte ion obtained by the lata statement, etc. rral Form (for proj aw (GML) and Sec	I, clearly printed 8 1/2"x11" with the law. I law. I stream on the emunicipality properties in attached. I sects subject to be the control of the law.	l or typed, signed by m itle block showing, inc property include extra ertaining to this applic	unicipal representative. cluding overall site plan copy of plan set (makin ation (letter from agent) er Section 239-m of the	showing phased development; or 5 copies
	Owner/A ₁	pplicant		Agent	
Name:				_	
Business:				_	
Address:					
City, State, Zi					
Telephone No	o.:				
Fax No:					
E-mail Addre	-				
PROJECT INI	FORMATION	ĺ			
Project Name:		_			
Project Description	on:	_			
Project Address:					
Nearest Major In		irection:			
Tax Account Nur		_			
Previous MCDP	&D Review Refe	erral No.:			
Type of Develop Agricultural Commercial Commercial Community Will this develop	, Non-Retail , Retail Service	☐ Industrial ☐ Public Ser ☐ Recreation ☐ Residentia	& Entertainment	☐ Vacant Land ☐ Wild, Forested ☐ Other (explain ☐ No	, Conservation Lands & Public Parks)
Project Size Number of phase Proposed Gross Maximum Struct	Floor Area:		Total	e number for this sub Acreage: ber of Lots:	mittal: Phase Acreage: Number of Units:
Army Corp	s project require of Engineers of Environmenta		om the following ag MC Dept. of NYS Dept.		☐ MC Dept. of Transportation ☐ Other (explain):
Will this project	mental factors or t disturb more th t disturb more th	an one acre of		☐ No ☐ No	
MCDP&D Use C	Only				
Airport	COMIDA	NYS DEC	Date Received:	Referral Number:	
Army Corp.	Econ Develop.	NYS DOT	Post Mark Date:	Reviewer:	
Canal Corp.	Empire Zone	Parks	Land Use Code:	DRC Due Date:	
Community Dev.	Enviro. Services	Public Safety	Notes:		LOCAL MATTER

TYPE OF REFERRAL (please check all appropriate			
Planning/Zoning Referral (subject to review under	Section 239-m of the N	YS General M	Junicipal Law)
☐ Comprehensive Plan (adoption or amendment) ☐ Amendment to Zoning Ordinance or Local Law (submit original text sho	owing amendm	ents)
Chapter Title and Number in Local Law:	O	O	,
New Local Law (submit text)			
New Local Law Name and Number:			
Rezoning of Parcel(s) (If this rezoning includes so	* *		
From:			
Use Variance(s): Intended use of the property:			
☐ Other Variance(s) - check all that apply: ☐ Area ☐ Density ☐ Height ☐ Lo	t Setback	Sign	Other
☐ Site Plan, please check: ☐ Concept	☐ Preliminary	☐ Final	Addition Only
Airport Referral (attach airport referral form) MUNICIPAL INFORMATION Municipality:			
Referring Board: Planning	Zoning	Town/	Village Board
Date of Board Hearing:	Preferred Municipa		
Please discuss any special concerns the municipality has	with this application:		
Note: According to State Law, Monroe	County is allowed 30 de	ays to respond	to this application.
CERTIFICATION With the following signature I certify that this applicatio complete application pursuant to NYS General Municipal			
Referring Official Signature:			
Print Name:	Title:		
Phone No.: Fax No.:	E-mail:		

SUBMITTAL INSTRUCTIONS

Referrals are reviewed by MCDP&D and the Monroe County Development Review Committee weekly. Applications must be received by 12:00 p.m. Monday. Any submittals received after 12:00 p.m. Monday will be distributed to the DRC the following week. Incomplete applications will be held for ten business days after which time they will be returned to municipality.

Direct all submittals and questions to: Monroe County Department of Planning and Development, Planning Division, CityPlace, 50 West Main Street, Suite 8100, Rochester, New York 14614-1225, Phone (585) 753-2000, Fax (585) 753-2028.